

As a result, the rates of glomerulonephritis-associated end-stage renal disease in the Navajo are probably much higher than calculated here and could still be rising.

The scarcity of cases of polycystic disease in Navajos is undoubtedly due to their genetic makeup. Likewise, no cases of polycystic disease have been seen in Zunis.<sup>7,11</sup> The low prevalence of primary hypertensive renal failure in Navajos may change as the prevalence of hypertension, one of the results of acculturation, increases.

The different survival rates among the various disease categories in Navajos with end-stage renal disease deserve comment. The high mortality rate in patients with diabetes is probably a function of their greater age and multisystem disease, while the excellent survival rates of those with glomerulonephritis reflect their younger ages and general good health, except for renal disease. The intermediate survivals of patients in the unknown and "other" categories probably reflect their mix of disease processes and patients' ages.

The survival rates of the Navajos with treated end-stage nephropathy from 1981 to 1985 are excellent, considering the wide geographic dispersion of the Navajo tribe, harsh physical and climatic conditions, poverty, problems with transportation, and the high proportion of persons with diabetes in the renal disease population. Improved mortality rates, however, increase the total end-stage renal disease load and thus the costs of treatment.

Projections of the future burden of end-stage renal disease in Navajos depend on the age structure of the Navajo

population, the evolution of the epidemic of type II diabetes, survival rates with treatment of end-stage disease, rates of successful transplantation, and the development of strategies to retard the progression to renal failure in patients with renal disease of any cause. The burden seems likely to increase over the next decade, however, as the large cohort of youthful Navajos ages, diabetes mellitus and its complications develop, and more Navajos become susceptible to the renal diseases associated with aging, such as occur in the composite US population.

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## Ear Examination

I DO MY EAR EXAMINATION with the child sitting up on the mother's knee. I think most doctors probably do it with the child lying down. Nine times out of ten, when the child, even a little baby, is sitting on the mother's knee, I can get a nice look at the ear without upsetting the child. When the mother asks "Why didn't he cry?" I tell her that at the pediatrician's office when children lie down on that table, they are used to getting jabbed. They're already programmed. So as soon as they lie down, they start crying.

—ROBIN T. COTTON, MD

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